

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

L OLLA	
1. File Number U - [88/7]	2. Fiscal Year Covered From:
,	1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name Kenneth L Clark	Name Northern WI Regional Council of Carpenters
	Labor Organization File Number 035-751
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street N2216 Bodde Road	Street N2216 Bodde Road
City Kaukauna	City Kaukauna
State Wisconsin ZIP Code + 4 54130-9740	State Wisconsin ZIP Code + 4 54130-9740
5. Position in labor organization. Executive Director	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City :	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Lanned Class	



Name of Person Filing Kenneth Clark	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or includeding with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or firectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Turner Investment Partners	9. Business deals with:  a. Labor Organization
P.O. Box, Bldg., Room No., if any Suite 100	b. Trust
Street 1205 Westlake Drive  City Berwyn	c. Employer
State Pennsylvania ZIP Code + 4 19312	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name WI Carpenters Fringe Benefits Funds	investment Committee Meeting, Footbal Game, Lunch, and Dinner 11/6/05
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any  Street 1704 Devney Drive	
	11.b. Approximate dollar value of such dealing. \$116
City Eau Claie	12.a. Nature of interest held or income received.
State Wisconsin ZIP Code + 4 54702	
State Wisconsin ZIP Code + 4 [54702	
State Wisconsin ZIP Code + 4 [54702	
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money	12.b. Amount.
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C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:	12.b. Amount.  er parts A and B above) (or other thing of value.  14.a. Nature of payment.
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The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2005. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2005, I will file an amended Form LM-30.

Finnett 7 Clark 03.29.06